

Connecting Communities

Creating and Maintaining Partnerships

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Office of Minority
Health

OMH

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THE NH OFFICE OF MINORITY HEALTH REFUGEES IN NH

In 2002 in the Democratic Republic of the Congo, in the city of Goma a family with 7 children won a diversity lottery visa to come to the U.S.

After the family won the lottery they soon discovered that financially they did not have enough money for them all to come. Only the parents could come. The seven children had to stay behind. They were cared for by an aunt who later was attacked, and died in 3 days. It wasn't until 2004 that the family was reunited. Years later the family still had not been able to achieve naturalization and was in limbo.

Styve, the youngest came here on a Humanitarian Parole Visa. He was not considered a refugee or immigrant. Because of his status he could not obtain a green card, thus he couldn't work. His status, or lack of status prevented him from

applying for financial aid to attend college. He also was in limbo. Recently, however his parents received their naturalization and styve has been able to obtain employment.

Many people would have given up if faced with what he has endured. Styve has not given up and continues to work towards his goals. He is grateful to those who helped his family come to the U.S.

Styve Bwanga Simwerayi (below left) with the Director of Minority Health Bill Walker



One man who is helping refugees and immigrants sort through the process of becoming citizens is Francis Agyare. Mr. Agyare is an attorney with Catholic Charities, Immigration & Refugee Services.

At the State's Office of Minority Health's April Diversity Task Force (DTF) meeting, Mr. Agyare presented

information about the naturalization process to the DTF members, many of whom serve the refugee and immigrant communities.

Atty Francis Agyare
Presenting at The DTF
Meeting



Diversity Task Force
Meeting Participants



Contact Information
New Hampshire
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Manchester, NH
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603-669-3030

E-mail: info@nh-cc.org

<http://www.catholiccharitiesnh.org>

**Office of
Minority Health**

**1-800-852-3345
3986 or direct at
271-3986**

**WWW.DHHS.
STATE.NH.US/
DHHS/MHO/**

**Bill Walker
Director of the NH
Office of Minority
Health**



“Starting over can be enormously difficult for anyone. Language access, work, school and just everyday living present many challenges. Refugees in NH are fortunate to have LSSNE and IINH to help guide them in their new journey as NH Citizens.”

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**DHHS COMMISSIONER MEETS WITH REFUGEE
COMMUNITY AGENCIES**

On April 28, 2008 DHHS Commissioner Nicholas Toumpas and Deputy Commissioner Mary Ann Cooney met with two of the State's community non-profit organizations to reach out and enhance their understanding of the needs of the refugee communities in the State. In Manchester, Anne Sanderson of the International Institute hosted the meeting, and in Concord, Ann Dancy of Lutheran Social Services hosted.

The agencies invited the Commissioners to hear about the work being done with refugees and the how the needs of these communities are being met by the LSSNE and the IINH.

**Contact Information
Lutheran Social Services
261 Sheep Davis Road,
Suite A-1
Concord NH 03301
(603) 224-8111
<http://www.lssnorth.org/>**

**Contact Information
The
International Institute
of New Hampshire
315 Pine Street
Manchester, NH 03103
(603) 647-1500**



Above DHHS Commissioner Nicholas Toumpas with Deputy Commissioner Mary Ann Cooney meet with the staff of Lutheran Social Services of New England (LSSNE)



Above Commissioner Toumpas meets with Director Anne Sanderson and Deputy Director Megan Bracy (left) of the International Institute (IINH)

IN Brief

Language access for culturally and linguistically diverse communities continues to be a priority for the NH DHHS and led by the NH Office of Minority Health. Work involving these issues is an on-going effort. The Office partners internally and externally to solve problems and facilitate access to DHHS services for our diverse communities.

The Office of Minority Health Resource guide can be seen at the NH OMH web page, the URL is, <http://www.dhhs.state.nh.us/DHHS/MHO/default.htm>. There you can also print the resource guide which contains the update form which can be mailed to the NH Office of Minority Health or send a facsimile to the office at 603-271-0824. You can also call the office to receive an update form. The Office of Minority Health can be reached at 271-3986 or toll free at 1-800-852-3345 Ext. 3986 Monday - Friday 8:00 a.m. - 4:30 p.m.

The Diversity Task Force (DTF) needs you. The OMH is inviting interested people to join the Diversity Task Force. The DTF usually meets three times a year to share initiatives related to minority health issues that are happening around the State. There are no dues, and the meetings usually take place in Concord, NH.

Subcommittees

1. Language Access
2. Healthy Housing
3. Mental Health
4. Youth & Families

Please contact

Isabelle Blanchette at 603-271-8557 in the Office of Minority Health for more information about joining the DTF.

New Hampshire Office of Minority Health Eliminating Health Disparities



**Office of Minority
Health**

What Is Cultural Competency?

Cultural and linguistic competency is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989)

Source: <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11>

Did You Know?

Cancer is the second leading cause of death for most racial and ethnic minorities in the United States. For Asians and Pacific Islanders, it is the number one killer. In 2004, 62,499 African Americans, 24,522 Hispanics, 10,863 Asians and Pacific Islanders, and 2,392 American Indians died of the disease.

Cancer hits African Americans particularly hard: this group is 25% more likely to die from all types of cancer than Whites, adjusting for age. African American men are over twice as likely to die from prostate cancer than Whites. And while breast cancer is diagnosed 10% less frequently in African American women than White women, African American women are 35% more likely to die from the disease.

In other minority communities, cancer is also taking a disproportionate toll. Among Hispanics, women are 2.2 times more likely to be diagnosed with cervical cancer than non-Hispanic White women. Asian and Pacific Islander women are 2.7 times as likely to fall ill from stomach cancer as non-Hispanic White women. And Asian American men suffer from stomach cancer twice as often as non-Hispanic White men.

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Quick Facts

- Although breast cancer is diagnosed 10% less frequently in African American women than White women, African American women are 35% more likely to die from the disease.
- American Indian Women are 1.9 times as likely to die from cervical cancer as compared to white women.
- Asian/Pacific Islander men and women have higher incidence and mortality rates for stomach and liver cancer.
- In 2003, Hispanic women are 2.2 times as likely as non-Hispanic white women to be diagnosed with cervical cancer.

Source : US Department of Health & Human Services
US Office of Minority Health
<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=9>